

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-089959 FILING DATE

APPLICANT(S)

CLAIMS

NO.	BEFORE		AFTER		NO.
	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3				
TOTAL DEP.	8				
TOTAL CLAIMS	11				

*	*	*	*
IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY